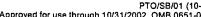
DEGLADATION FOR UTU ITV OR	Attorney Docket Number	24448-0030		
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Thomas BENTHIEN		
PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number	09/937.464		
☐ Declaration ☑ Declaration Submitted OR Submitted after Initial	Filing Date			
	Group Art Unit			
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name			

My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural								
names are listed below) of the sub	oject matter which is cla DATING MASS	imed and for which a pate WITH A CATA	ent is sought on t	he invention er	ntitled:			
OXIDATIVE AND DEODORIZING EFFECT								
	(7	Title of the Invention)	7.00		•			
the specification of which				• •	•			
is attached hereto	•							
OR Siled on (MM/DD/YYYY)								
Application Number	Application Number CT/FP00/03020 and was amended on (MM/DD/YYYY) (if applicable).							
		,	,		•			
I hereby state that I have reviewe amended by any amendment spe	d and understand the concilically referred to above	ontents of the above iden ve.	atified specification	n, including the	e claims, as			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
America, listed below and have	also identified below.	by checking the box, a	ny foreign applic	ation for pate	nt or inventors	7		
America, listed below and have	also identified below.	by checking the box, a	ny foreign applic	ation for pate which priority	nt or inventors	7		
America, listed below and have certificate, or any PCT internation Prior Foreign Application	also identified below, al application having a	by checking the box, and filling date before that of the Foreign Filling Date.	ny foreign applic he application on Priority	ation for pate which priority Certified C	nt or inventor's is claimed. opy Attached?	7		
America, listed below and have certificate, or any PCT internation Prior Foreign Application Number(s)	also identified below, al application having a Country	by checking the box, at filing date before that of the Foreign Filing Date (MM/DD/YYYY)	ny foreign applic he application on Priority	ation for pate which priority Certified C	nt or inventor's is claimed. opy Attached?	1		
America, listed below and have certificate, or any PCT internation Prior Foreign Application Number(s)	also identified below, al application having a Country	by checking the box, at filing date before that of the Foreign Filing Date (MM/DD/YYYY)	ny foreign applic he application on Priority	ation for pate which priority Certified C	nt or inventor's is claimed. opy Attached?	1		
America, listed below and have certificate, or any PCT internation Prior Foreign Application Number(s)	also identified below, all application having a Country Germany	by checking the box, all filling date before that of the foreign Filling Date (MM/DD/YYYY) 04/06/1999	ny foreign appliche application on Priority Not Claimed	ation for pate which priority Certified Control YES	nt or inventor's is claimed. opy Attached? NO	1		
America, listed below and have certificate, or any PCT internation Prior Foreign Application Number(s) 199 15 377.9	also identified below, all application having a Country Germany	by checking the box, all filling date before that of the foreign Filling Date (MM/DD/YYYY) 04/06/1999 a supplemental priority date	ny foreign appliche application on Priority Not Claimed	ation for pate which priority Certified Content YES	nt or inventor's is claimed. opy Attached? NO	7		
America, listed below and have certificate, or any PCT internation Prior Foreign Application Number(s) 199 15 377.9 Additional foreign application I hereby claim the benefit under	also identified below, all application having a country Country Germany numbers are listed on a country are listed on a country as a country are listed on a country as a country are listed on a c	by checking the box, all filling date before that of the filling Date (MM/DD/YYYY) 04/06/1999 a supplemental priority date by United States provision	ny foreign appliche application on Priority Not Claimed	ation for pate which priority Certified Content YES	nt or inventor's is claimed. opy Attached? NO	7		
America, listed below and have certificate, or any PCT internation Prior Foreign Application Number(s) 199 15 377.9	also identified below, all application having a country Country Germany numbers are listed on a country are listed on a country as a country are listed on a country as a country are listed on a c	by checking the box, all filling date before that of the foreign Filling Date (MM/DD/YYYY) 04/06/1999 a supplemental priority date	ny foreign application on Priority Not Claimed Lack transport of the priority	ation for pate which priority Certified Control YES (1) (1) (2) (2) (2) (3) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9	nt or inventor's is claimed. opy Attached? NO hereto:	7		
America, listed below and have certificate, or any PCT internation Prior Foreign Application Number(s) 199 15 377.9 Additional foreign application I hereby claim the benefit under	also identified below, all application having a country Country Germany numbers are listed on a country are listed on a country as a country are listed on a country as a country are listed on a c	by checking the box, all filling date before that of the filling Date (MM/DD/YYYY) 04/06/1999 a supplemental priority date by United States provision	ny foreign application on Priority Not Claimed ta sheet PTO/SB and application(s) Additional numbers	certified Control of the control of	nt or inventor's is claimed. opy Attached? NO hereto:	7		
America, listed below and have certificate, or any PCT internation Prior Foreign Application Number(s) 199 15 377.9 Additional foreign application I hereby claim the benefit under	also identified below, all application having a country Country Germany numbers are listed on a country are listed on a country as a country are listed on a country as a country are listed on a c	by checking the box, all filling date before that of the filling Date (MM/DD/YYYY) 04/06/1999 a supplemental priority date by United States provision	ny foreign application on Priority Not Claimed Italian sheet PTO/SB and application(s) Additional numbers supplem	ation for pate which priority Certified Control YES (1) (1) (2) (2) (2) (3) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9	nt or inventor's is claimed. opy Attached? NO hereto:	7		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Peroved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	Direct all correspondence to	c: X Customer Nu or Bar Code		2521	3	OR	Correspondence	address below
	Name							
	Address					·		
	Address		•		·			
	City				State		ZIP	·
	Country	:	Telephon	е			Fax	
	I hereby declare that all star are believed to be true; and made are punishable by fin validity of the application or	d further that these state or imprisonment, or be	ements were oth, under	re made wit	th the kno	owledge that willf	ul false statemer	nts and the like so
	NAME OF SOLE OR F	IRST INVENTOR :			A petition	on has been fil	ed for this un	signed inventor
-W	Given Name (first and middle [if any])	Thomas	_		Family N or Surna		ENTHIEN	<u>.</u>
	Inventor's Signature	IL L					Date 1	3/02/02
	Residence: City			State	c	Country	Citizenship	German
	Mailing Address	Rosenstrass	se 12,	, 8689	9 Lai	ndsberg a	am Lech,	
	Mailing Address	Germany	+	·		. •	· ·	DEX
	City	State			ZIP		Country .	
	NAME OF SECOND IN	IVENTOR:			A petition	on has been fi	led for this un	signed inventor
2-00	Given Name (first and middle [if any])	Stefan			Family N		ABER	
	Inventor's Signature	ftefa=	Ful	~			Date 10	8/02/02
	Residence: City			State	!	Country	Citizenship	German
	Mailing Address	Kraewigstr	asse 2	25, 66	687 1	Wadern,		DEX
	Mailing Address	Germany						
	City	State			ZIP		Country	
	Additional inventors are	being named on the 2	_suppleme	ental Additio	nal Invent	tor(s) sheet(s) PT	O/SB/02A attach	ied hereto.

Please type a plus sign (+) inside this box -

3-00

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

		•	•				
Name of Addition	nal Joint Inventor, if a	ny:		A petition has been	filed for t	his unsigned inventor	
Given Name (first and middle [if any]) Family Name or Surname					Sumame		
Gerhard JONSCHKER							
Inventor's Signature						Date 130262	
Residence: City	0 (9	State	C	ountry		Citizenship German	
Mailing Address	Gruenewaldst	rasse 12	2, 6	6583 <u>Spie</u>	sen-	`	
Mailing Address Elversberg, Germany						DEX	
City		State		ZIP	Count	ry	
Name of Addition	nal Joint Inventor, if a	ny:	□ A	A petition has been f	iled for th	is unsigned inventor	
Given Name (first and middle [if any]) Family Name or Surname			Surname				
Stefan SEPEUR							
Inventor's Signature					Date 18/02/02		
Residence: City		State	С	Country		Citizenship German	
Mailing Address	Kirchstrasse	22, 667	87 1	Wadgass <u>en</u>	_		
Mailing Address	Schaffhauser					DEX	
City		State		ZIP	Cor	intry	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Family Name or Surname					or Surname		
Helmut SCHMIDT			,				
Inventor's Signature	Office					Date Feb. 26, 2	
Residence: City		State		Country		Citizenship German	
Mailing Address	I- Vanianian (-13 20 ((120 g - 1)						
Mailing Address Guedingen, Germany							
City		State		710			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

4
Ū
Ų
F
g,
e =
\$
8
e D

Please type a plus sign (+) inside this box —	-
---	---

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					s unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname				
Philipp	pp / STOEBEL			EL_	,		
Inventor's Signature	2:/12				Date 02 . 15. 02		
Residence: City	State		Country	c	itizenship German		
Mailing Address Skalleystrasse 3, 66125 <u>Saarbruecken</u> , DEX							
Mailing Address Germany							
City	State		ZIP	Country	,		
Name of Additional Joint Inventor, if any	<i>y</i> :		A petition has been file	d for this	unsigned inventor		
Given Name (first and middle [if any])			Family Nar	ne or Su	ırname		
Civer i varie (iii starie i induce (ii arry))					•		
Inventor's Signature					Date :		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	Cour	ntry		
Name of Additional Joint Inventor, if an	y:		A petition has been filed	for this	unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname				
•							
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	Co	untry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.